



Best Beginnings Child Care Scholarship Application

*For Child Care Resource &
Referral Use Only*
CS # **CE#**

Return to:

Received on:

How to receive a Child Care Scholarship

- * Complete this Scholarship Application. All required information must be submitted in the office of the Child Care Resource & Referral agency within 30 days of submitting an application or the parent will be required to complete a new application and child care assistance will be delayed. If there is no waiting list, the date the completed application is received at the Child Care Resource & Referral Agency will be the date your coverage can start, if you are eligible, your provider is eligible and if funding is available.
- * Submit supporting documentation listed on page 1 of the removable "Reminders" insert.
- * Contact your Child Care Resource and Referral agency if you have any questions, need more forms, or need help completing the application.

Eligibility Requirements for Non-TANF families:

The Best Beginnings Child Care Scholarship Program is available to families who meet the following eligibility requirements:

- o Low-income-150% of or below the federal poverty guidelines, and in need of child care.
- o Parent(s) must work to be eligible. (Teen parents attending high school, GED, or equivalency program are not required to work.)
- o Two parent families must work at least **120** hours per month between the two parents.
- o A single parent must work **60** hours per month or **40** hours per month while attending school full time.
- o Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division.

Please check ALL that apply to why you need child care:

- ☐ Work hours in which the parents are not available to care for their children.
- ☐ School hours, when a parent is attending classes out of the home, as long as the work requirements are being met (**and** the parent has not received a degree or certification within the past 5 years. School beyond a Bachelor's Degree is not covered).
- ☐ School hours for teenage parents attending high school, a GED, or equivalency program.
- ☐ Family Investment Employability Plan Activities (TANF) that require child care. Please note that if you leave the TANF program, you must reapply for childcare.

Tell us about yourself

Name

Marital Status

Phone No.

Work No.

Street Address

City

Zip Code

County

Mailing Address (if different)

City

Zip Code

E-mail Address

Tell us about your household members

Name (First, Middle, Last)	Social Security Number (TAFI & TP)	Date of Birth MM/DD/YYYY (TAFI & TP)	Does this child have special needs?	Sex: M or F (TAFI & TP)	Does this person go to school?	Highest Grade Completed	Degree or Certificate Earned
<u>Applicant Line</u>			Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		

Tell us about your child support situation



If any child in your household has an absent parent, for each child, you must be receiving court-ordered child support from each child's absent parent or you must comply with Child Support Enforcement Division (CSED), or you must show good cause for not receiving child support.

If you do not have full custody of your children, please submit a schedule indicating when your children are in your care.

Please check one of the following child support criteria.

- ☐ There are no children with absent parents in the household
- ☐ I receive child support through a court order recognized by a Montana district court or the Child Support Enforcement Division (CSED) of the Montana Department of Public Health & Human Services and will continue to keep this case open while receiving child care assistance.
- ☐ I receive child support through a child support enforcement division of another state.
The state is: _____.
- ☐ I do not receive child support, but I am in compliance with CSED by providing all information requested by CSED to open a child support case.
- ☐ Do you pay out child support? If yes, amount \$_____ per payperiod beginning _____(date).
- ☐ I would like to apply for good cause for not seeking child support. (Ask for form and guidelines.)

Documentation: You must submit verification of all child support received or withheld. Verification can include:

1. A compliance confirmation from CSED which states the dollar amount of child support granted.
2. A copy of your court-ordered parenting plan or child support order that lists the dollar amount of child support granted and child support checks/money orders for the past three months.

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Receiving TANF Cash Grant? (TI)	Relationship to Applicant: (TAFI)	Member of a Federally Recognized Tribe? (TP)	Hispanic (TP)	Race Asian, White, Black, American Indian, Native Hawaiian, His- panic Black, Hispanic White <u>Please List</u> (TP)	Name Of Absent Parent	MT CSED Case # or Support Order	Monthly \$ Child Support
Y / N		Y / N	Y / N				
Y / N		Y / N	Y / N				
Y / N		Y / N	Y / N				
Y / N		Y / N	Y / N				
Y / N		Y / N	Y / N				
Y / N		Y / N	Y / N				

Parent responsibilities

Please initial each line as you read.




1. _____ I understand this child care scholarship is available only during approved activities, which may be less than the maximum limits indicated on the child care certification plan.
2. _____ I will report any change of child care provider **before** or within **one** business day of the change, as failure to report will result in a loss of benefits.
3. _____ I will report the following changes **within 10 calendar days** to my local Child Care Resource and Referral agency:
 - a. _____ Change of employment for any household member.
 - b. _____ Loss of employment to less than 120 hours per month for a two-parent family or 60 hours per month for a single parent family (40 while attending school full-time)
 - c. _____ Changes in residence or mailing address
 - d. _____ The loss or addition of a household member
 - e. _____ Changes in school attendance
 - f. _____ Opening or closing of any child support case through Montana Child Support Enforcement Division or other state, any change in the amount of child support received through an approved court order, or any change to my good cause for not applying for child support.
4. _____ Failure to report changes within 10 days may result in one or more of the following:
 - a. _____ Loss of child care scholarship
 - b. _____ Repayment of child care scholarship during period of ineligibility
5. _____ I am responsible for paying my own child care until my family is determined to be eligible for assistance and selected from the waiting list. Best Beginnings Scholarship assistance cannot be paid before the date this application is submitted.
6. _____ If a waiting list is not in effect, a temporary 30-day certificate may be approved based on the information supplied in the application packet. I understand that child care assistance will not continue beyond the 30-day period unless all documentation is submitted and eligibility is verified.
7. _____ I understand that my Best Beginnings Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.

To determine your child care scholarship, we need to have information about the monthly income of all members listed in your household and a work verification signed by employers from every place of employment listed below.

1. Verification of income received/earned is required. Documentation includes copies of checks or money orders, letters of benefit awards, tax forms, or financial statements.
2. Verification of your school enrollment is required. Documentation includes a course description, a copy of your official schedule bill, a signed training verification (on front side of the work verification), and grades from the previous semester. Program information may also be required.



Tell us about your household's employment and income

	Applicant	Other Parent/Partner	Child(ren)
Place of Employment			
Additional Employment			
Average number of hours per week worked (each job)			
Hourly wage, salary, or commissions (total) (TI)	\$	\$	\$
Average monthly bonuses or tips earned (TI)	\$	\$	\$
Average Dollar amount of overtime earned (TI)	\$	\$	\$
Self-employment income (TI) (Please provide: last years MT & Federal tax forms; business records; statement of estimated earnings; receipts for business expenses; receipts for goods & services provided; business account bank statements)	\$	\$	\$
Child Support	\$	\$	\$
Social Security Income (TI)	\$	\$	\$
Supplemental Security income (TI)	\$	\$	\$
Interest, dividends, And royalties (TI)	\$	\$	\$
Unemployment Insurance (TI)	\$	\$	
Worker's Compensation (TI)	\$	\$	
Receiving TANF Cash Assistance? (TAFS & TI)	\$	\$	
Receiving Food Stamps (TAFS) Circle One	\$ Y / N	\$ Y / N	
Receiving Housing or Rent Benefits?			
Income from any other source (TI)	\$	\$	
If yes, please name Other income source:			
Totals:	\$	\$	\$

Here are your responsibilities concerning your Child Care Provider

Please initial each line as you read.

1. _____ I will select a licensed center, a registered group or family home, or a legally unregistered provider (friend or relative) before receiving a State Child Care Scholarship. A State Child Care Scholarship is not paid if the provider does not have a current State payment number. This may occur if the child care facility license, registration, or legally unregistered provider payment number is not approved, is terminated or expires.
2. _____ I will notify the CCR&R before or within one business day of any change of child care providers. Scholarship assistance will not be paid to the new provider until a new certification plan is created.
3. _____ I understand that I am solely responsible for any agreement I have with my child care provider(s).
4. _____ I will pay a monthly co-payment to the child care provider. If I fail to pay the co-payment, or fail to make satisfactory arrangements. I will lose eligibility for child care assistance.
5. _____ I understand that the child care provider may set rates independently of the state district child care provider rates. Providers may charge rates and/or fees in addition to the child care program co-payment obligation. I am responsible for any amount over and above the State's district child care rate.
6. _____ I understand that if the child care is provided in my home the child care provider is either my employee or an independent contractor. As an employer, I may be responsible for all employment obligations, such as Worker's Compensation Insurance and employment taxes. Additional information is available at my Child Care Resource and Referral agency.
7. _____ If I change to a new child care provider, I am responsible for notifying my current provider.

Here are your rights

Please initial each line as you read.

1. _____ I have the right to choose my child care provider.
2. _____ I have the right to have access to my child at any time he/she is in child care.
3. _____ Within 10 days of losing employment or falling below the minimum work requirement, I may request a grace period. However, if I don't report within 10 days, no grace period will be allowed, and I will not be eligible for child care. I understand that I may contact my local CCR&R for more information.
4. _____ I will be notified of any reduction in my child care scholarship before the certification end-date if a change occurs prior to the expiration date of the certification plan. A letter will be mailed 10 days before any loss of benefits. No letter will be mailed if the certification plan simply expires.
5. _____ I have the right to appeal any loss of scholarship. I will submit a request for a fair hearing within 90 days of receiving the notice regarding the loss of scholarship.
6. _____ I understand that my child care provider may not discriminate.
7. _____ I have a right to be notified by my provider if a negative licensing action affects my eligibility.
8. _____ I have a right to receive a monthly "Explanation Benefits".

Tell us about your Child Care Provider

To participate in the Best Beginnings scholarship program, you will need to either use a registered or licensed child care facility. You may also choose to use a friend or family member; however, that person will need to apply to become a Legally Unregistered Provider (LUP)*. If you need help finding a registered/licensed child care facility, your local Child Care Resource & Referral agency will be happy to generate a list of providers with vacancies that meet your needs.

1. Are your children attending a child care facility? ☐ Yes ☐ No
2. If yes, who is their child care provider? _____
 What is the address and phone number? _____

 What type of facility is it? ☐ Licensed/Registered ☐ Friend or family care
3. If you are using a friend or family member, has that person applied to be a Legally Unregistered Provider? ☐ Yes, the LUP applicant's name is _____
☐ No, please mail a LUP application to: _____

* Payment for legally unregistered providers cannot begin until the LUP's application is received and approved. Applications take **4-6 weeks** to be processed. If the application is approved, payment will begin on the LATTER of the two dates— either the LUP application date or the Scholarship application date. If either application is not approved, no payment can be made to the provider, and the parent will be responsible for any child care costs incurred.

Tell us about your schedule

TIMES:	SUN	MON	TUES	WED	THURS	FRI	SAT
Your Schedule							
Work/Class							
Spouse/Partner							
Work/Class							
Child Care for							
Child Care for							
Child Care for							
Child Care for							

Authorization to Release Information/Signature Page

Certain information is needed to determine eligibility. This includes residency, relationship, school attendance, household composition, income, and other circumstances relevant to the need for child care.

The Department or this Child Care Resource & Referral agency may request information about any of the above issues. You have the right to provide any additional information necessary to determine eligibility. If you are not able to gather the requested information by yourself, your Department representative may be able to help you. Because this is your confidential information, you must give permission for your CCR&R representative to help you.

Applicant— Please initial one line.

_____ I give the Department and the Child Care Resource and Referral agency permission to gather information that is necessary to determine eligibility for my family and me. This authorization expires one year from the date this application is signed. I understand that I can revoke this consent in writing at any time.

_____ I **DO NOT** wish to sign an authorization to release information. I understand that because of confidentiality issues, the Department and the Child Care Resource and Referral agency will not be able to help in gathering information necessary to determine eligibility. I choose to provide the necessary documentation myself.

Spouse/Other Adult— Please initial one line.

_____ I give the Department and the Child Care Resource and Referral agency permission to gather information that is necessary to determine eligibility for my family and me. This authorization expires one year from the date this application is signed. I understand that I can revoke this consent in writing at any time.

_____ I **DO NOT** wish to sign an authorization to release information. I understand that because of confidentiality issues, the Department and the Child Care Resource and Referral agency will not be able to help in gathering information necessary to determine eligibility. I choose to provide the necessary documentation myself.

I hereby affirm that the statements included in this application are accurate, complete, and true to the best of my knowledge. I understand that I must periodically re-apply for assistance and that my eligibility will be re-determined at that time.

Applicant (or Authorized Representative) Signature

Date

Spouse/Other Adult Signature

Date